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TRANSMITTAL FORM

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Total Number of Pages in This Submission

N/A

Application Number

10/776,934; Conf. #2105

Filing Date

February 10, 2004

First Named Inventor

Hansen et al.

Art Unit

1635

Examiner Name

K. Chong

Attorney Docket Number

366929-018US (396515)

ENCLOSURES (Check all that apply)

☐ Fee Transmittal Form☐ Fee Attached☒ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/Incomplete Application☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

- Amendment Transmittal Letter

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Dechert LLP

Signature

Anna D. DiGabriele

Printed name


Anna D. DiGabriele

Date

May 1, 2009

Reg. No.

59,933

AMENDMENT TRANSMITTAL LETTER			Docket No. 366929-018US (396515)		
Application No. 10/776,934	Filing Date February 10, 2004	Examiner K. Chong	Art Unit 1635		
Applicant(s): Hansen et al.					
Invention: OLIGOMERIC COMPOUNDS FOR THE MODULATION SURVIVIN EXPRESSION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	9	- 221 =		x	0
Independent Claims	1	- 33 =		x	0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-2778</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Anna DiGisbriele / 59,933 Attorney/Agent Reg. No.:			Dated: <u>May 1, 2009</u>		
DECHERT LLP P.O. Box 390460 Mountain View, CA 94039-0460					